

Foster Family Home - Corrective Action Report

Provider ID: 1-587850

Home Name: Thelma Pagtama, CNA

Review ID: 1-587850-4

94-446 Alapine Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/9/2018

End Date:

8/09/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/09/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification

Angelica Galindo RN
Compliance Manager

Thelma Pagtama
Primary Care Giver

8/09/18
Date

8/09/18
Date